

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



Title V Ten Priority Needs

The Title V Maternal and Child Health (MCH) Block Grant is focused on advancing the health and welfare of all mothers, infants, children, adolescents, and children with special health care needs (CSHCN). The enabling federal statute requires that each state conduct a comprehensive needs assessment every five years to identify priority needs for the MCH/CSHCN populations¹. In March 2005, Nebraska's Title V Needs Assessment Committee concluded their planning process by advancing the following ten priority needs for the next five years (2005-2010).

- ❑ Reduce the rates of overweight among women, youth, and children by increasing participation in sufficient physical activity and improving nutrition.

	Overweight Children *	Children At Risk*	Overweight Youth**	Youth At Risk**	Overweight Women***	Women Obese***
Nebraska	14.9%	16.7%	16.9%	17.3%	24%	21%
Nation	15.8%	-	13.5%	15.4%	21.4%	33%
HP2010	5%	10%	5%	10%	15%	15%

Sources : * Nebrask Cardiovascular Health Program, 2003 and National Health and Nutrition Examination Survey 1999-2002

** Nebraska Cardiovascular Health Program, 2003 and CDC Youth Behavioral Risk Survey, 2003

*** Nebraska Behavioral Risk Factor Surveillance Survey, 2003 and CDC Behavioral Risk Factor Surveillance Survey, 2003

- ❑ Reduce the percent of women of childbearing age, particularly pregnant and post-partum women, and adolescents who use tobacco *and* reduce the percent of infants, children and youth exposed to second hand smoke

Tobacco Use	Youth*	Women**	Pregnant***	Post-partum****
Nebraska	24.1%	25%	13.8%	21.4%
Nation	22%	20.0%	11.4%	20.8%
HP2010	16%	12%	1%	-

*Nebraska and CDC Youth Behavioral Risk Survey, 2003

**Nebraska and CDC Behavioral Risk Factor Surveillance Survey, 2003

***NHSS Vital Statistics, 2003 and Pregnancy Nutrition Surveillance System, 2002

****Nebraska Pregnancy Risk Assessment Monitoring System, 2001 and Pregnancy Nutrition Surveillance System, 2002

Environmental Tobacco Exposure	Infants*	Children**
Nebraska	10.1%	15.8%
Nation	-	20%
HP2010	10%	10%

*Nebraska Pregnancy Risk Assessment Monitoring System, 2001

**NHSS Tobacco Survey, 2003 and National Health Interview Survey, 1998

¹ Women of childbearing ages 20-44 years

Infants ages 0-1 years

Children ages 1-9 years

Youth (adolescent) ages 10-19 years

CSHCN ages 0-21 years with special health care needs requiring more than routine and basic care.

- ❑ Reduce rates of premature and low birth weight births for all women, with an emphasis on adolescent pregnancy.

	Premature*	LBW*	VLBW*	Premature and LBW*
Nebraska	9.7%	6.9%	1.2%	5.1%
Nation	12%	7.8%	1.5%	5.2%
HP2010	7.6%	5%	0.9%	-

* NHSS Vital Statistics, 2003 and National Center for Health Statistics, 2003

- ❑ Reduce the rates of hospitalizations and deaths due to unintentional injuries for children and youth.

Deaths (per 100,000)	Children*	Youth*
Nebraska	10.8	28.1
Nation	7.9	20.9
HP2010	17.5	17.5

*NHSS Vital Statistics, 2002 and CDC WISQARS, 2003

**Nebraska Hospital Discharge Data, 2002

Hospitalization (per 100,000)	Children**	Youth**
Nebraska	8,213	10,012
Nation	-	-
HP2010	-	-

- ❑ Reduce the number and rates of child abuse, neglect, and intentional injuries of children

Child Abuse/Neglect (per 1,000)	Reports*	Substantiated*
Nebraska	61.2	14.9
Nation	-	-
HP2010	-	-

*Nebraska Child Protective Services, 2003

- ❑ Reduce the rates of infant mortality, especially racial/ethnic disparities.

Infant Mortality (per 1,000)	Overall*	African American*	SIDS* (per 100,000)
Nebraska	5.4	15.9	92.7
Nation	7	14.1	57.1
HP2010	4.5	4.5	25

*NHSS Vital Statistics, 2003 and National Center for Health Statistics, 2002

- ❑ Reduce alcohol use among youth.

Youth Alcohol Use	Past 30 days*	Binge Drinking*
Nebraska	46.5%	32.2%
Nation	44.9%	28.3%
HP2010	-	11%

*Nebraska and CDC Youth Behavioral Risk Survey, 2003

- ❑ Increase capacity of community-based medical home providers to detect and refer for treatment women, children, and youth with emotional and behavioral health conditions.

National Core Outcome #3 All CSCHN will receive coordinated comprehensive care in a medical home.

Needs Assessment analysis showed Nebraska has unmet needs for mental health services based on National Survey for Children with Special Health Care Needs (2002) and the Nebraska CONNECT system.

- ❑ Increase capacity of Title V Programs for Children with Special Health Care Needs to serve increased numbers of children meeting medical and financial eligibility criteria and who are uninsured or underinsured.

National Core Outcome #4 All CSCHN will be adequately insured for the services they need.

In 2005 there are 393 children in the Title V Medically Handicapped Children's Program that are ineligible for Medicaid, S-CHIP, Home and Community Based Wavier or Katie Beckett Waiver Programs. These numbers are projected to increase placing a higher burden and limited Title V dollars.

- ❑ Build capacity of Title V programs for Children with Special Health Care Needs to provide transition medical and dental clinics for youth with special health care needs 14-21 years.

National Core Outcome #6 All youth with special needs will receive services needed to support the transition to adulthood.

As a cohort of youth begins to transition to adulthood they have complex medical and dental needs. The National Survey for Children with Special Health Care Needs (2002) indicated that only 5.1% of Nebraska families with CSHCN received the transitional services they needed.